

SOLICITOR SELF TERMINATION NOTICE

LIC 417-32 (Rev 7/2008)

State of California
Department of Insurance
Mailing Address
PO Box 1139
Sacramento CA 95812-1139
(916) 322-3555 or (800) 967-9331
www.insurance.ca.gov

Pursuant to Sections 1704 and 1707 of the California Insurance Code

To: The Insurance Commissioner of the State of California:

Notice is hereby given that effective from the date of filing this notice, I, as the solicitor, hereby **TERMINATE** my appointment of employment made by named employer.

Attach \$24 filing fee

EMPLOYER INFORMATION	SOLICITOR INFORMATION
Employer's license number :	Solicitor's license number :
Employer's name:	Solicitor's name:
Street address:	Street address:
City:	City:
State:	State:
Zip Code:	Zip Code:
► Signature of solicitor	
Date	Telephone number ()